

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR 27 AM 10:42

DOCUMENT # P01000113643

1. Entity Name
BREWZZI AMERICA, INC.



Principal Place of Business

301 YAMATO RD #3101
BOCA RATON, FL 33431

Mailing Address

301 YAMATO RD #3101
BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0062527

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STOLTZ, MORRIS L
301 YAMATO RD. STE 3101
1700 PALM BEACH LAKES BLVD #580
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	STOLTZ, MORRIS L II
STREET ADDRESS	301 YAMATO RD #3101
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	V
NAME	STOLTZ, A ARCHIE II
STREET ADDRESS	301 YAMATO RD #3101
CITY - ST - ZIP	BOCA RATON, FL 33431
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

900069917409
04/10/06--01015--011 **1100.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #